

ELIGIBILITY FORM FOR CAMPS AND ENROLLED SITES

PART 1 – CHILD'S NAME: _____

(Last)

(First)

(Middle Initial)

PART 2A - HOUSEHOLDS NOW GETTING FOOD STAMPS, CalWORKs OR FDPIR BENEFITS: Fill in one of the boxes below, sign the statement and print the information requested in PART 3 - **DO NOT COMPLETE PART 2B.**

FOOD STAMP CASE NO.	CALWORKS IDENTIFICATION NO.	FDPIR IDENTIFICATION NO.
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PART 2B - ALL OTHER HOUSEHOLDS: Complete this part and sign the statement in PART 3 only if you do not receive food stamps, CalWORKs, or FDPIR benefits, and did not complete PART 2A.

NAMES		CURRENT INCOME / FREQUENCY							
Names of all household members (participating child, parents, siblings and any other persons living in household)	Check for each participating child	Earnings from Work		Welfare, Child Support, Alimony		Payments from Pensions, Retirement, Social Security		Earnings from 2nd Job or any other income	
		Amount	How often	Amount	How often	Amount	How often	Amount	How often
1. _____		1. _____		1. _____		1. _____		1. _____	
2. _____		2. _____		2. _____		2. _____		2. _____	
3. _____		3. _____		3. _____		3. _____		3. _____	
4. _____		4. _____		4. _____		4. _____		4. _____	
5. _____		5. _____		5. _____		5. _____		5. _____	
6. _____		6. _____		6. _____		6. _____		6. _____	
7. _____		7. _____		7. _____		7. _____		7. _____	
8. _____		8. _____		8. _____		8. _____		8. _____	

PART 2C - FOSTER CHILD: Complete this part and sign the statement in PART 3. If the child listed in PART 1 is a foster child, check here ☐. Write the child's income and how often it is received: \$ _____ per _____ (week, month, or year).

PART 3 - SIGNATURE: An adult household member must sign this statement and complete the requested information before the application can be approved.

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT THE FOOD STAMP, CALWORKS OR FDPIR NUMBER IS CORRECT AND THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN FOR THE RECEIPT OF FEDERAL FUNDS; THAT INSTITUTION OFFICIALS MAY VERIFY THE INFORMATION ON THE STATEMENT AND THAT THE DELIBERATE MISREPRESENTATION OF THE INFORMATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL LAWS.

SIGNATURE OF ADULT HOUSEHOLD MEMBER		PRINTED NAME		SOCIAL SECURITY NUMBER*	
DATE SIGNED	HOME TELEPHONE	WORK TELEPHONE	HOME ADDRESS	ZIP CODE	

PART 4 - RACIAL/ETHNIC IDENTITY: You are not required to answer this question. This information is requested for statistical purposes only. Check the box below to indicate the child's racial/ethnic category.

<input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN	<input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> ASIAN	<input type="checkbox"/> PACIFIC ISLANDER	<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE
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*Section 9 of the National School Lunch Act requires that, unless the participant's food stamp, CalWORKs, or FDPIR number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a social service office to determine current certification of food stamp, CalWORKs, FDPIR benefits, contacting the State Employment Development Department (EDD) to determine benefits received, and checking documentation provided by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

The United States Department of Agriculture (USDA) and the California Department of Education's Nutrition Services Division (NSD) prohibit discrimination in all their programs and activities on the basis of race, color, national origin, gender, religion, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). The USDA and the NSD are equal opportunity providers and employers.

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION: WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2	HOUSEHOLD SIZE _____	TOTAL HOUSEHOLD MONTHLY INCOME \$ _____	NOT ELIGIBLE <input type="checkbox"/> CATEGORICALLY ELIGIBLE <input type="checkbox"/> HOUSEHOLD SIZE/INCOME ELIGIBLE <input type="checkbox"/>
AUTHORIZED REPRESENTATIVE: _____			DATE: _____

ELIGIBILITY FORM FOR CAMPS AND ENROLLED SITES INSTRUCTIONS

Please complete the Summer Food Service Program Eligibility Form for Camps and Enrolled Sites using the instructions below. Sign the form and return it to the sponsoring organization. Call the sponsor at _____ if you need assistance.
(Sponsor's Phone Number)

PART 1 - PARTICIPANT'S INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) Print the name of participant.

PART 2A - HOUSEHOLDS GETTING FOOD STAMPS OR CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) BENEFITS: COMPLETE THIS PART and PART 3. (Do not complete PART 2B).

- (1) List your current food stamp case number or your CalWORKs or FDPIR identification number for the participant.
(2) An adult household member must sign the statement in PART 3.

PART 2B - ALL OTHER HOUSEHOLDS:

- (1) Write the names of everyone in your household, including participating children.
(2) Place a check mark (✓) on the appropriate line next to each child that is participating in this program.
(3) Write the amount and the frequency of income (i.e., weekly, every two weeks, twice a month, or monthly) received last month for each household member. This income is the amount before taxes or anything else is taken out. Specify the source of the income in the appropriate column such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any income amount last month was more or less than usual, write that person's usual income.
(4) An adult household member must sign and give his/her social security number in PART 3. (See PART 3 below for exceptions.)

PART 2C - FOSTER CHILD: COMPLETE THIS PART and PART 3.

- (1) Write in the foster child's (personal use) income. Write "0" if the foster child does not receive (personal use) income.
(2) A foster parent or other official representing the child must sign the form.

PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) All eligibility forms must have the signature of an adult household member.
(2) The adult household member who signs the statement must include his/her **social security number**, unless he/she completed part 2A, or he/she does not have a social security number. If he/she does not have a social security number, he/she must write "none" or "0".

PART 4 - RACIAL/ETHNIC IDENTITY: COMPLETE THE RACIAL/ETHNIC IDENTITY QUESTION IF YOU WISH.

You are not required to answer this question to receive meal benefits.

DEFINITION OF INCOME:

Income for Summer Food Service Program purposes is defined as income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. It includes the following:

- (1) Monetary compensation for services, including wages, salary, commissions or fees;
- (2) Net income from non-farm self-employment;
- (3) Net income from farm self-employment;
- (4) Social security;
- (5) Dividends or interest on savings or bonds, income from estates or trusts, or net rental income;
- (6) Public assistance or welfare payments;
- (7) Unemployment compensations;
- (8) Government civilian employee, or military retirement, or pensions or veteran's payments;
- (9) Private pensions or annuities;
- (10) Alimony or child support payments;
- (11) Regular contributions from persons not living in the household;
- (12) Net royalties;
- (13) Other cash income. Other cash income would include cash amounts received or withdrawn from any sources including savings, investment, trust accounts, and other resources which would be available to pay the price of a child's meal.

Income does not include any income of benefits received under any Federal program which is excluded from consideration as income by any legislative prohibition; for instance, income received by volunteers for services performed in the National Older American Volunteer Program.